



Addressing Mental Health Needs & Quality of Care for Utah Military Personnel & Veterans

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Utah National Guard Mental Health Rates

Utah National Guard personnel have higher rates of PTSD, depression, TBI, and suicide risk than other military and veteran comparison groups

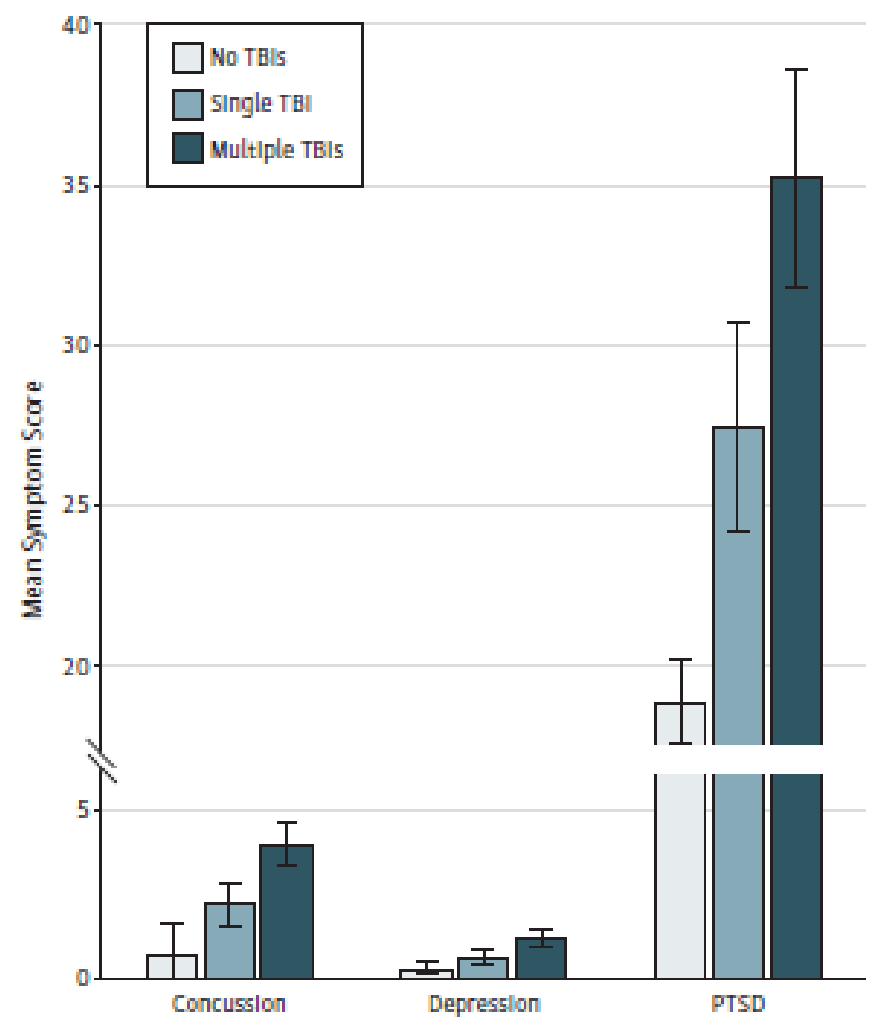
Past-year rates of suicide ideation among Utah National Guard higher than lifetime rates

Condition	Utah National Guard ^a	U.S. Army ^b	Vietnam Veterans ^c	Gulf War ^c	Iraq / Afghan Veterans ^c
PTSD	20.3%	8.6%	31%	10%	11%
Depression	12.7%	4.8%	--	--	--
Traumatic Brain Injury	27.2%	--	12%	--	22%
Suicide ideation	32.4%	13.9%	--	--	--
Lifetime	14.7%	7%	--	--	--

SOURCE: ^a National Center for Veterans Studies at The University of Utah, ^b Army

Association of TBI and Suicide Risk

Figure 1. Traumatic Brain Injury (TBI) Groups



Condition	Lifetime Suicide Ideation	Past Year Suicide Ideation
No TBI	0%	0%
Single TBI	6.9%	3.4%
Multiple TBI	21.7%	12.0%

SOURCE: Bryan & Clemans (2013)

Association of TBI and Suicide Risk in Utah NG

Rates of suicide ideation and suicide attempt increase significantly among UTNG personnel who have been knocked out multiple times during their lives

Approximately 1 in 3 UTNG who considered suicide in the past year have a history of multiple TBIs/concussions

	No. of Lifetime TBIs		
Condition	None	One	Multiple
Lifetime			
Suicide ideation	32.2	32.8%	50.8
Suicide attempt	% 4.3%	1.7%	% 13.1 %
Past year			
Suicide ideation	12.7	11.9%	31.3
Suicide attempt	% 0.5%	1.7%	% 4.9%

SOURCE: National Center for Veterans Studies at

Existing Treatments

- Two psychotherapies are endorsed by the Institute of Medicine and are recommended by the DOD/VA for PTSD:
 - Prolonged exposure therapy (PE)
 - Cognitive processing therapy (CPT)
- Two psychotherapies are endorsed by the National Action Alliance for Suicide Prevention and are recommended for preventing suicidal behavior:
 - Dialectical behavior therapy (DBT)
 - Cognitive behavioral therapy (CBT)

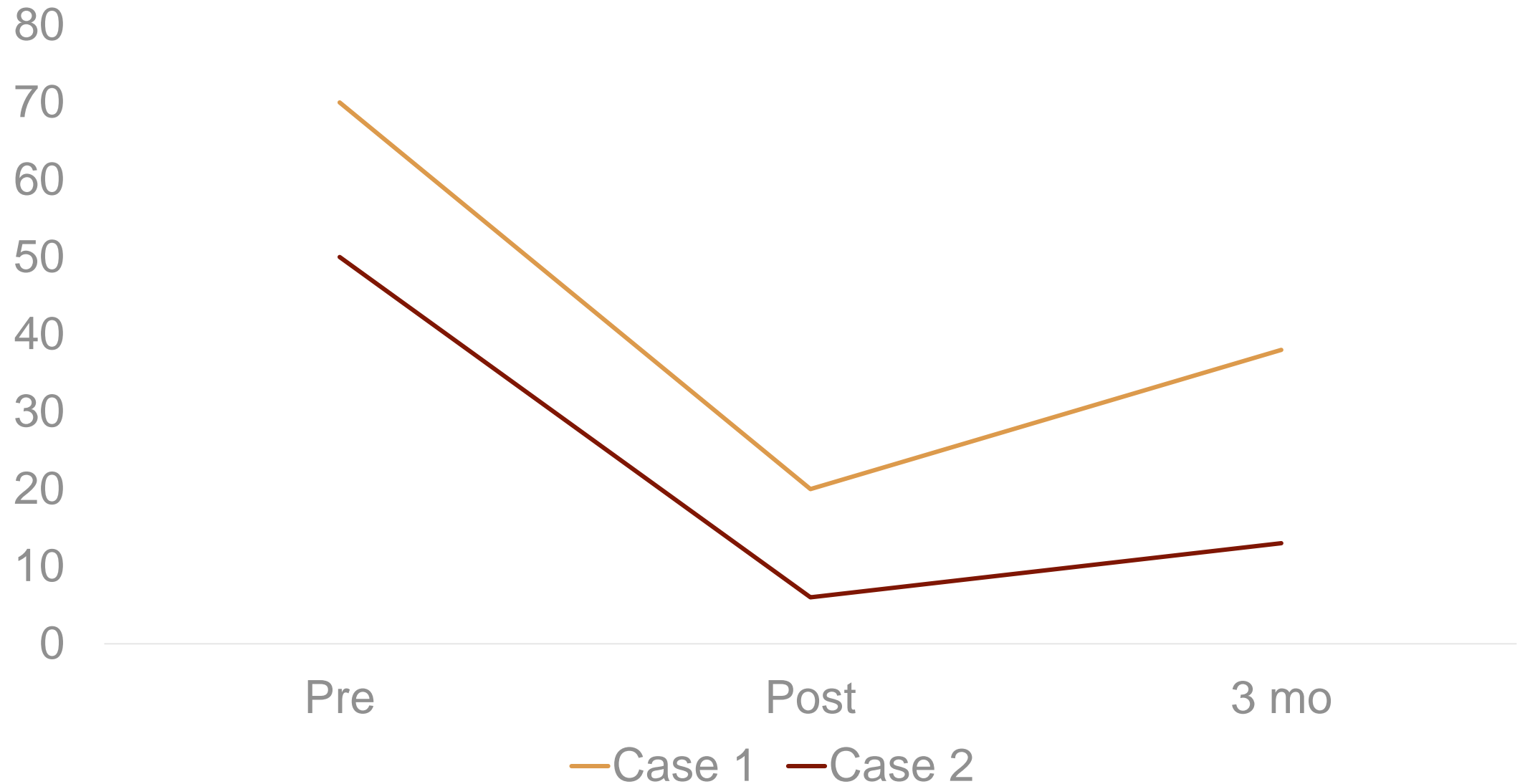
Comparing PTSD Treatments

On average, trauma-focused treatments like PE and CPT outperform other treatment approaches on most metrics of interest:

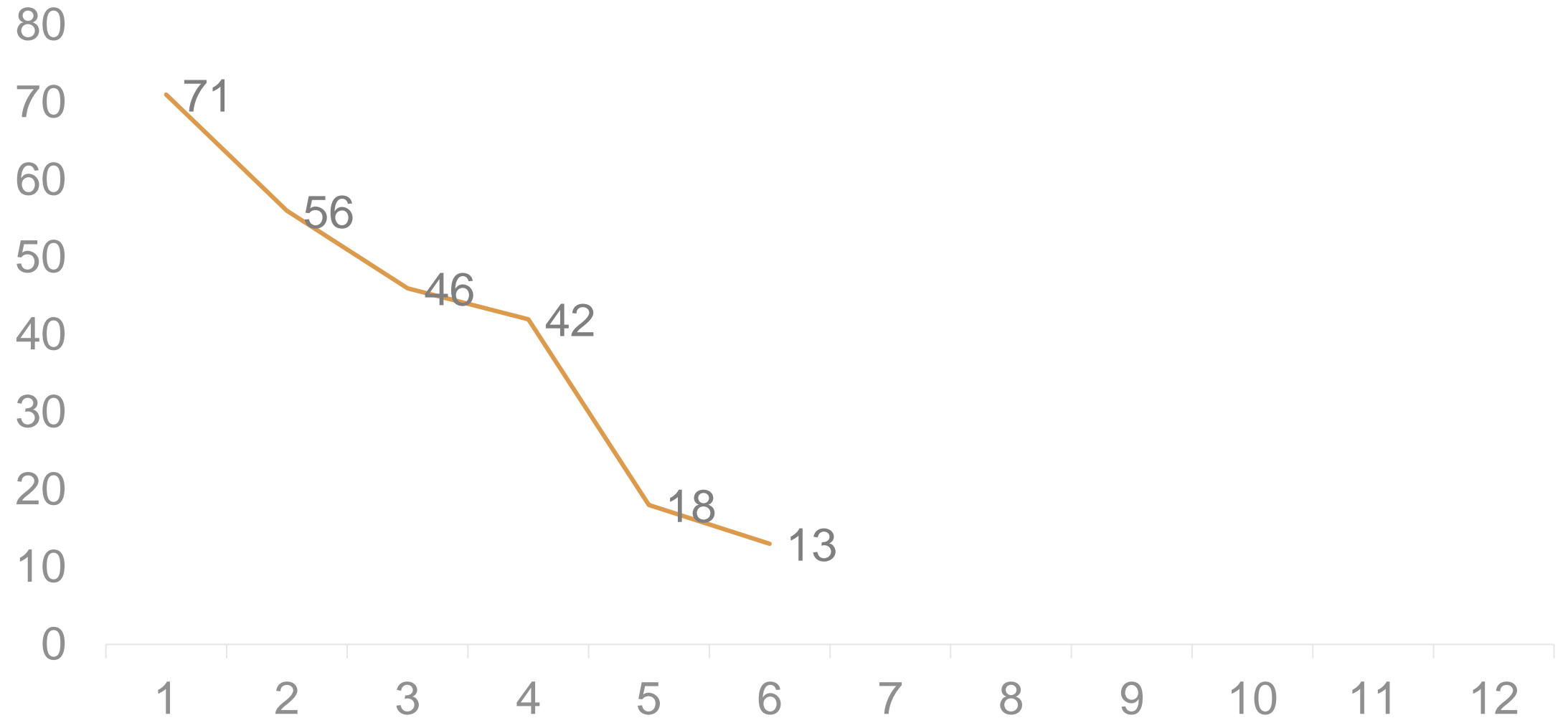
- 2-3x higher recovery from PTSD (and depression)
- 2-5x larger improvement in symptoms
- 2-5x longer lasting

	PE & CPT	Usual Care	None
Recovery rate	66-70%	25-33%	25-33%
Symptom relief	> 50%	25-30%	0-10%
Duration of recovery	5-10 yrs	1-2 yrs	?

Intensive Treatment of PTSD at the NCVS



PTSD Treatment for Military Spouses



Comparing Suicide Treatments

On average, suicide-focused treatments like DBT and CBT reduce suicide attempt rates by 50% or more.

Only brief CBT has scientific support for reducing suicidal behavior among military personnel.

New results from the NCVS show 75% reductions in

	DBT	CBT	Usual Care
Suicide attempt rates	15-20%	15-20%	40-50%
Treatment length	52 wks	6-12 wks	26-52 wks
Duration of effect	Up to 2 yrs	Up to 2 yrs	?

SOURCE: Brown et al. (2005), Linehan et al. (2006),

The Problem of Treatment Availability

Despite the existence of effective treatments for PTSD, very few MH professionals have been trained to use them.

Even when trained, only 1 in 5 will use them.

Implications:

1. Individuals with PTSD have <5% chance of

Proportion of MH professionals who can name or identify <u>any</u> treatment for PTSD	50%
Proportion of MH providers who can identify PE/CPT as preferred treatments for PTSD	33%
Proportion of MH professionals trained in PE/CPT	28%
Proportion of MH professionals who actually use PE or CPT for PTSD	5%

SOURCE: Becker et al. (2004), Sprang et al. (2008)

Military Peer Support Programs

- Military personnel and veterans are 3x more likely to ask for help from a fellow service member or veteran than a mental health professional
- Peer support programs have been shown to reduce stigma and increase service utilization among military personnel and veterans, but are not associated with improved mental health outcomes.
 - Referring military personnel and veterans to inadequate services is not helpful.

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Questions & Discussion

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